

RECEIVED
CENTRAL FAX CENTER

JAN 08 2008

FEE TRANSMITTAL

Attorney Docket No.	Q201-US1
First Named Inventor:	AMINE, Khalil et al.
Application Number	10/663,024
Filing Date:	September 15, 2003
Examiner Name:	1745
Group/Art Unit:	Echelmeyer, Alix Elizabeth

TOTAL AMOUNT OF PAYMENT:	\$ 60.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$0.00
Total Claims	31 - 41 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	1 - 3 =	0	X \$210.00	X \$105.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$210.00	\$105.00	\$0.00
Reissue filing fee	\$310.00	\$155.00	\$0.00
Provisional filing fee	\$210.00	\$105.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Petition for Extension of Time	\$	\$60.00	\$60.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$60.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	1/8/2008

01/09/2008 PCHOMP 00000020 10663024

01 FC:2251

60.00 0P

RECEIVED
CENTRAL FAX CENTER

FEE TRANSMITTAL

JAN 08 2008

Attorney Docket No.	Q201-US1
First Named Inventor:	AMINE, Khalil et al.
Application Number	10/663,024
Filing Date:	September 15, 2003
Examiner Name:	1745
Group/Art Unit:	Echelmeyer, Alix Elizabeth

TOTAL AMOUNT OF PAYMENT:	\$ 60.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$0.00
Total Claims	31 - 41 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	1 - 3 =	0	X \$210.00	X \$105.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$210.00	\$105.00	\$0.00
Reissue filing fee	\$310.00	\$155.00	\$0.00
Provisional filing fee	\$210.00	\$105.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Petition for Extension of Time	\$	\$60.00	\$60.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$60.00

Name (print/typc)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	1/8/2008